

## 2019 Work Shadow Scheme - General Information

Buckinghamshire Healthcare NHS Trust's work shadow scheme is for sixth form students from the age of 17 who are studying at AS/A level or equivalent and are considering medicine or healthcare as a career. Work shadow placements comprise of 1 or 2 days supervised shadowing a medical or healthcare professional observing their role to understand how they do their job and what it involves.

To apply for a work shadow placement students must meet the following criteria:

- Students must be over 17 years old to take up a placement (Students of 16 years can still apply if will be 17 before 31 August 2020 however will not be offered a placement until they have turned 17.
- Students must be considering a career in medicine/healthcare
- Priority is given to students who live or go to school in Buckinghamshire
- Students must be available when the placements are offered, not just school holiday's

Due to high demand we will not be able to offer placements only during the school holidays or defer the placement to suit student availability unless they have exams, a holiday or school trip planned. We suggest students obtain permission from their school/college to attend during term time before they submit their application form.

## Application Process

If you meet the above criteria, please complete the attached application form and **email it back in word format only to [bht.services.voluntary@nhs.net](mailto:bht.services.voluntary@nhs.net)**.

Please note that a non-refundable **administration fee of £25 per student is applicable** and payable at the start of the application process.

The application process requires all students to attend an induction as there is important information about visiting the hospitals that you need to know. Dates for the induction mornings are included with the application form. Please tick which date/location you will be attending. **You will need to email in 2 of the following documents with your application as well as a letter from your school supporting your placement**

- **1 x Photo ID** (valid passport or driver's licence or student ID)
- **1 x Proof of current address** (bank or building society statement or national insurance notification letter)

We endeavour to place all students as soon as possible given the limitations and constraints within any busy healthcare environment but it may take several months before a placement is offered so we ask applicants to be patient. All members of staff who participate in the work shadow scheme do so voluntarily within their busy workload. You will have the opportunity to request areas of interest.

All work shadow requests should be made to the voluntary services department by the student only – we are unable to deal with applications from someone else acting on their behalf. If you require any further information about the application process please call 01296 316676 or email [bht.services.voluntary@nhs.net](mailto:bht.services.voluntary@nhs.net)

## Important notes:

- **Please ensure your email is correct** – notification of induction details and placements will be sent by email.
- If you do not receive an email from us please check your spam/junk mail first and then contact us on the above number or email.



[bht.services.voluntary@nhs.net](mailto:bht.services.voluntary@nhs.net)  
01296 316676

Please email your completed application in **WORD FORMAT only** by **31<sup>st</sup> October 2019**  
To: [bht.services.voluntary@nhs.net](mailto:bht.services.voluntary@nhs.net)

### Application Form – Work Shadow Placement

Please complete the form in BLOCK CAPITALS

Date: \_\_\_\_\_

#### PERSONAL DETAILS

First name		Date of Birth	
Surname		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Post code	Tel no	Mobile	
<b>Email address</b> <i>Please check it's correct &amp; write in capitals notification of placements will be sent by email</i>			

#### EMERGENCY CONTACT DETAILS

Name		Relationship	
Tel no		Mobile	

#### SCHOOL/COLLEGE DETAILS

Name and Address			
Year Group		School/College Tel no	
Tutor/ Supervisor			

The application process requires students to attend an induction as there is important information about visiting the hospitals that all students need to know. Please tick which induction you would like to attend. Venue details & directions are below.

- Monday 4th November 2019 –Training Room 1 Post Grad Centre Stoke Mandeville Hospital at 9am**
- Thursday 7th November 2019 –Floyd Auditorium Stoke Mandeville Hospital at 9am**
- Friday 8th November 2019 –Hampden Lecture Theatre Wycombe General Hospital 9am**

If you have a disability, please contact us if you require any reasonable adjustments to be made during the induction or your placement.

**REFERENCE**

Please email a letter with your application from your school/college supporting your application & confirming you are an existing student. **SOME SCHOOLS HAVE ALREADY SENT FOR ALL STUDENTS SO PLEASE CHECK**

**REHABILITATION OF OFFENDERS ACT 1974**

This post is exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare any convictions including those which are “spent”. Failure to disclose any convictions may result in the immediate termination of your work shadow placement.

**Have you ever been convicted of a criminal offence?**

(Please tick)

- Yes**                       **No**

If yes, please give details and put it in a sealed envelope and return it with your application form. A conviction will not automatically debar you from a placement. All information will be treated in the strictest confidence.

**REGISTRATION FEE**

**IMPORTANT –BANK ACCOUNT DETAILS**

<b>BANK</b>	<b>The Royal Bank of Scotland (RBS)</b>
<b>BANK ACCOUNT NAME</b>	<b>GBS Re Bucks Healthcare NHST</b>
<b>SORT CODE</b>	<b>60-70-80</b>
<b>BANK ACCOUNT NUMBER</b>	<b>10010378</b>
<b>BIC (Swift Code)</b>	<b>NWBKGB2L</b>
<b>IBAN NUMBER</b>	<b>GB80NWBK60708010010378</b>

**Registration Cost:**

Please note that a non-refundable administration cost of £25 per student is applicable and payable at the start of the application process, no application will be processed until payment has been confirmed.

This administration cost can be paid via either:

1. Online banking:  
Reference: Work shadow plus initial & surname (i.e. J. Hodge)  
Cost Code: 13410-501599
2. By a phone call to the cashiers office on 01494 425271 or 01296 316603 quoting the above reference, cost code & name.  
The cashier can only accept debit or credit cards.
3. Cheque made payable to Buckshealthcare NHST post or bring to induction morning.  
**WRITE YOUR NAME ON THE BACK OF THE CHEQUE**
4. Cash bring to induction morning in an envelope with your name on

**It is important that confirmation of payment is sent with your application form – this can be done with a screen shot of the completed transaction.**

**This fee is non-refundable unless we are unable to find you a placement**



## CONFIDENTIAL HEALTH ASSESSMENT QUESTIONNAIRE FOR WORKSHADOWING STUDENTS

The purpose of this Health Assessment is to ensure as far as possible that you are fit to undertake your placement and that your health and safety are not at risk.

Surname:	First name:
Male/Female	Date of Birth:
Address & home tel no.	
Mobile tel no:	
Proposed Area:	Duration of placement ( <i>if applicable</i> ):

Please answer **Yes** or **No** to all of the questions below:

1. Do you have any illness/impairment/disability (physical or psychological) which may affect your ability to undertake work shadowing?  
Yes  No
2. Are you on any significant medication? (*Please **do not include** non-significant medication such as oral contraception, inhalers for well-controlled asthma, occasional painkillers*)  
Yes  No
3. Do you require any adjustments or assistance to enable you to undertake work shadowing?  
Yes  No

If you answer **Yes** to any of the questions, you will be given a further health questionnaire to complete. Once completed, please place it in a sealed envelope and return to the Voluntary Services Department along with your other forms. The form will not be opened by the Voluntary Services Department but will be forwarded unopened to the Occupational Health Department for processing.

### Declaration

1. I declare that I have answered the above questions honestly and fully and that I am not otherwise aware of any physical or mental disability, which may affect my ability.
2. I realise that if I falsely or knowingly withhold information relevant to this form, the Voluntary Services Manager will be informed of this fact. I realise that any false or incomplete statement may lead to termination of my Work Shadow status.
3. I consent to my health records being retained by Occupational Health and Wellbeing under the Data Protection Act 1998.
4. I will update the Occupational Health and Wellbeing team if my medical situation changes between the time I complete this form and the time I commence my placement.

Signed: ..... Date: .....

If you have any difficulties in completing this form please contact Occupational Health and Wellbeing (01494 425082).



**Work Shadow Placement- Questionnaire**  
Please complete in **CAPITALS**

<b>Name:</b>				
<b>How old are you? (If you are 16yrs old, when will you be 17yrs old?)</b>				
<p>If there, any particular specialities you are interested in. Please select <b>3</b> Number in order of Preference</p> <p><b>LONG WAITS FOR</b> <b>LABS,</b> <b>PHYSIO</b> <b>NEUROLOGY</b> <b>CARDIOLOGY SMH</b> <b>PAEDIATRICS</b></p> <p><b>1 DAY ONLY PLACEMENTS</b> <b>ORTHODONTICS</b> <b>PHYSIO</b> <b>LABS</b> <b>AUDIOLOGY</b> <b>ENT</b> <b>DIETETICS</b></p> <p><b>1 DAY &amp; SMH 1 DAY WH</b> <b>CARDIOLOGY at SMH</b> <b>ORTHOPAEDICS at SMH</b> <b>GENERAL SURGERY at SMH</b></p>		<b>TICK</b>		<b>TICK</b>
	<b>SMH</b>		<b>WYCOMBE</b>	
	A&E		Acute/Stroke	
	Antenatal/Maternity		Anaesthetics	
	Audiology		Cardiology	
	Cardiology		Children's Ward	
	Dermatology		Day Surgery	
	Dietetics		Endocrinology & Diabetes	
	ENT		General Medicine	
	Gastro		General Surgery	
	General Surgery		LABS	
	Haematology Dr		Obs & Gynae	
	LABS		Pathology Dr	
	General Medicine		Physio	
	Microbiology Dr		Trauma & Orthopaedics	
	Neurology		Urology	
	Obs & Gynae			
	Ophthalmology			
	Orthodontics			
	Orthopaedics			
	Geriatric			
	OT			
	Paediatrics			
	Pharmacy			
	Physio			
	Plastic Surgery			
	Radiology			
	Respiratory			
	Trauma & Orthopaedics			
<b>Where would you prefer your placement to be?</b> <b>DELETE OPTION NOT REQUIRED</b>	<b>Any Hospital</b> <b>Stoke Mandeville Hospital      Wycombe Hospital</b>			
<b>Please add dates:</b> <b>YOU CANNOT ATTEND</b>				

## MONITORING INFORMATION

This section of the application form will be detached from your application form and will be used for monitoring purposes only.

NHS Organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

<b>* Date of Birth</b>	
<b>* Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

### Race relations (Amendment) Act 2000

<b>* I would describe my ethnic origin as:</b>		
<b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background  <b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<b>Mixed</b> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background  <b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<b>Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

### Employment Equality Regulations 2003

<b>* Please select the option which best describes your sexuality</b>		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
<b>* Please indicate your religion or belief</b>		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

### Equality Act 2010

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities.

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Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities.

Reasonable adjustments will be made available should you be invited to interview.

<b>* According to the definition of disability do you consider yourself to have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please identify the category which applies to you or other type of disability. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'.	
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other
<b>If you have a disability, do you wish to be considered under the guaranteed interview scheme if you meet the minimum criteria as specified in the person specification?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Stoke Mandeville Induction Details Monday 4th November 2019 Training Room 1 Postgrad Centre**

**Training Room 1**, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Bucks HP21 8AL

**Time:** Please arrive by 8.45 ends 12 Noon

**Stoke Mandeville Induction Details Thursday 7th November 2019 Floyd Auditorium**

**Floyd Auditorium**, Stoke Mandeville Hospital, Mandeville Road, Aylesbury, Bucks HP21 8AL

**Time:** Please arrive by 8.45 ends 12 Noon

Travel Instructions - Enter entrance 1 off the main road and come into the main entrance/restaurant of the hospital. Exit the restaurant through double doors turn left then right through next double doors this will take you to the back of the hospital and the post graduate centre is to the left, or you can come in entrance 2 (A&E), follow the road all the way round the hospital and the post Graduate Centre is on the left.

A site map of Stoke Mandeville Hospital, click link below:

<http://www.buckshealthcare.nhs.uk/Downloads/Maps/Stoke%20Mandeville%20Hospital%20site%20map.pdf>

If you have any problems you can go to any of the receptions and they will direct you.

Full travel Instructions and maps of all sites, are found on the Trust website [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

**Wycombe Induction Details Date: Friday 8th November 2019**

**The Lecture Theatre**, Chiltern Medical Education Centre, Wycombe Hospital, Queen Alexandra Road, High Wycombe, Bucks, HP11 2TT.

**Time:** Please arrive by 08.45am ends 12 Noon

Travel Instructions for Wycombe Hospital – The Chiltern Medical Education Centre is located on level 1 in the building adjacent to the main patient car park.

A site map of Wycombe Hospital, click link below: The Medical Education Centre is in the orange building.

<http://www.buckshealthcare.nhs.uk/Downloads/Maps/Wycombe%20Hospital%20site%20map.pdf>

If you have any problems finding the venue please call 01494 526161 for directions.

Full travel Instructions and maps of all sites, are found on the Trust website [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)